


# APPLICATION DATA SHEET

Electronic Version v14

Stylesheet Version v14.0

<b>Title of Invention</b>	A Command Multiplier for Built-In-Self-Test	
Application Type : regular, utility Attorney Docket Number : BUR920040037US1		
Correspondence address: Customer Number: 24,241		
		
Inventors Information:		
<u>Inventor 1:</u>		
<b>Applicant Authority Type:</b>	Inventor	
<b>Citizenship:</b>	US	
<b>Name prefix:</b>	Mr.	
<b>Given Name:</b>	Jonathan	
<b>Middle Name:</b>	R.	
<b>Family Name:</b>	Fales	
<b>Residence:</b>		
<b>City of Residence:</b>	South Burlington	
<b>State of Residence:</b>	VT	
<b>Country of Residence:</b>	US	
<b>Address-1 of Mailing Address:</b>	85 Oakwood Drive	
<b>Address-2 of Mailing Address:</b>		
<b>City of Mailing Address:</b>	South Burlington	
<b>State of Mailing Address:</b>	VT	
<b>Postal Code of Mailing Address:</b>	05403	
<b>Country of Mailing Address:</b>	US	
<b>Phone:</b>		
<b>Fax:</b>		
<b>E-mail:</b>		
<u>Inventor 2:</u>		
<b>Applicant Authority Type:</b>	Inventor	
<b>Citizenship:</b>	US	
<b>Name prefix:</b>	Mr.	

**Given Name:** Gregory  
**Middle Name:** J.  
**Family Name:** Fredeman  
**Residence:**  
**City of Residence:** Staatsburg  
**State of Residence:** NY  
**Country of Residence:** US  
**Address-1 of Mailing Address:** 27 Louise Place  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** Staatsburg  
**State of Mailing Address:** NY  
**Postal Code of Mailing Address:** 12580-6122  
**Country of Mailing Address:** US  
**Phone:**  
**Fax:**  
**E-mail:**

**Inventor 3:**

**Applicant Authority Type:** Inventor  
**Citizenship:** US  
**Name prefix:** Mr.  
**Given Name:** Kevin  
**Middle Name:** W.  
**Family Name:** Gorman  
**Residence:**  
**City of Residence:** Fairfax  
**State of Residence:** VT  
**Country of Residence:** US  
**Address-1 of Mailing Address:** 618 Fletcher Road  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** Fairfax  
**State of Mailing Address:** VT  
**Postal Code of Mailing Address:** 05454  
**Country of Mailing Address:** US  
**Phone:**  
**Fax:**  
**E-mail:**

**Inventor 4:**

**Applicant Authority Type:** Inventor  
**Citizenship:** US  
**Name prefix:** Mr.

**Given Name:** Mark  
**Middle Name:** K.  
**Family Name:** Jacunski  
**Residence:**  
**City of Residence:** Colchester  
**State of Residence:** VT  
**Country of Residence:** US  
**Address-1 of Mailing Address:** 64 Nice Way  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** Colchester  
**State of Mailing Address:** VT  
**Postal Code of Mailing Address:** 05446  
**Country of Mailing Address:** US  
**Phone:**  
**Fax:**  
**E-mail:**

**Inventor 5:**

**Applicant Authority Type:** Inventor  
**Citizenship:** JP  
**Name prefix:** Mr.  
**Given Name:** Toshiaki  
**Family Name:** Kiriata  
**Residence:**  
**City of Residence:** Poughkeepsie  
**State of Residence:** NY  
**Country of Residence:** US  
**Address-1 of Mailing Address:** Ten Misty Ridge Circle  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** Poughkeepsie  
**State of Mailing Address:** NY  
**Postal Code of Mailing Address:** 12603  
**Country of Mailing Address:** US  
**Phone:**  
**Fax:**  
**E-mail:**

**Inventor 6:**

**Applicant Authority Type:** Inventor  
**Citizenship:** US  
**Name prefix:** Mr.  
**Given Name:** Alan

**Middle Name:** D.  
**Family Name:** Norris  
**Residence:**  
**City of Residence:** Hinesburg  
**State of Residence:** VT  
**Country of Residence:** US  
**Address-1 of Mailing Address:** 211 Postiche Lane  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** Hinesburg  
**State of Mailing Address:** VT  
**Postal Code of Mailing Address:** 05461  
**Country of Mailing Address:** US  
**Phone:**  
**Fax:**  
**E-mail:**

**Inventor 7:**

**Applicant Authority Type:** Inventor  
**Citizenship:** US  
**Name prefix:** Mr.  
**Given Name:** Paul  
**Middle Name:** C.  
**Family Name:** Parries  
**Residence:**  
**City of Residence:** Wappingers Falls  
**State of Residence:** NY  
**Country of Residence:** US  
**Address-1 of Mailing Address:** 32 Tanglewood Drive  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** Wappingers Falls  
**State of Mailing Address:** NY  
**Postal Code of Mailing Address:** 12590  
**Country of Mailing Address:** US  
**Phone:**  
**Fax:**  
**E-mail:**

**Inventor 8:**

**Applicant Authority Type:** Inventor  
**Citizenship:** US  
**Name prefix:** Mr.  
**Given Name:** Matthew

**Middle Name:** R.  
**Family Name:** Wordeman  
**Residence:**  
**City of Residence:** Kula  
**State of Residence:** HI  
**Country of Residence:** US  
**Address-1 of Mailing Address:** 10 Paliuli Way,  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** Kula  
**State of Mailing Address:** HI  
**Postal Code of Mailing Address:** 96790  
**Country of Mailing Address:** US  
**Phone:**  
**Fax:**  
**E-mail:**

**Attorney Information:**

practitioner(s) at Customer Number:  
24,241



as our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

**Assignee 1:**

**Organization Name:** International Business Machines Corporation  
**Address-1 of Mailing Address:** New Orchard Rd.  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** Armonk  
**State of Mailing Address:** NY  
**Postal Code of Mailing Address:** 10504  
**Country of Mailing Address:** US  
**Phone:**  
**Fax:**  
**E-mail:**